## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **FILED** Apr 16, 2008 08:00 Al Secretary of State

| DOCL | IM   | EN. | Γ#1    | <b>(</b> 6 | 91  | 31 |
|------|------|-----|--------|------------|-----|----|
| DUU  | JIVI |     | . ++ 1 | ~          | J I |    |

1. Entity Name AMERICAN MACHINE, INC.



Principal Place of Business

157 FLAMINGO RD %KENNETH KROEBER EDGEWATER, FL 32141 Mailing Address

P 0 BOX 1487 %KENNETH KROEBER EDGEWATER, FL 32141

03202008

No Chg-P

CR2E034 (11/05)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KROEBER, KENNETH 157 FLAMINGO RD EDGEWATER, FL 32141

## DO NOT WRITE IN THIS SPACE

| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |   |  |                               |                                |   |  |  |  |  |  |
|--|---|--|-------------------------------|--------------------------------|---|--|--|--|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if apolicable (NOTE Registered Agent signature required when reinstating) DATE  |   |  |                               |                                |   |  |  |  |  |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00  |   | Election Campaign Financing     Trust Fund Contribution. |                               | \$5.00 May Be<br>Added to Fees | U00000900048<br>04/29/08-80012-021 150.00 |  |  |  |  |  |
| 10.  | OFFICERS AND DIREC  | TORS   |                               |                                |   |  |  |  |  |  |
| ITTLE NAME STREET ADDRESS CITY-ST-ZIP  | PD<br>KROEBER, KENNETH E.<br>157 FLAMINGO ROAD<br>EDGEWATER. FL |  |                               |                                | ,   |  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST<br>KROEBER, KEITH J<br>81 MAYVIEW AVE<br>CHESHIRE, CT 06410  |  |                               |                                |   |  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY+S1-ZIP   |   |  | DO NOT WRITE<br>IN THIS SPACE |                                |   |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |                               |                                |   |  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS  |   |  |                               |                                | ,   |  |  |  |  |  |
| CITY-ST-ZIP  | •   |  | ٠                             |                                |   |  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |                               |                                |   |  |  |  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |                               |                                |   |  |  |  |  |  |